

INFORMATION TO OFFERORS OR QUOTERS SECTION A - COVER SHEET		1. SOLICITATION NUMBER		2. <i>(X one)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>a. SEALED BID</td> </tr> <tr> <td></td> <td>b. NEGOTIATED <i>(RFP)</i></td> </tr> <tr> <td></td> <td>c. NEGOTIATED <i>(RFQ)</i></td> </tr> </table>			a. SEALED BID		b. NEGOTIATED <i>(RFP)</i>		c. NEGOTIATED <i>(RFQ)</i>
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	c. NEGOTIATED <i>(RFQ)</i>										

INSTRUCTIONS

NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.

You are cautioned to note the "Certification of Non-Segregated Facilities" in the solicitation. Failure to agree to the certification will render your reply nonresponsive to the terms of solicitations involving awards of contracts exceeding \$25,000 which are not exempt from the provisions of the Equal Opportunity clause.

"Fill-ins" are provided on the face and reverse of Standard Form 18 and Parts I and IV of Standard Form 33, or other solicitation documents and Sections of Table of Contents in this solicitation and should be examined for applicability.

See the provision of this solicitation entitled either "Late Bids, Modifications of Bids or Withdrawal of Bids" or "Late Proposals, Modifications of Proposals and Withdrawals of Proposals."

When submitting your reply, the envelope used must be plainly marked with the Solicitation Number, as shown above and the date and local time set forth for bid opening or receipt of proposals in the solicitation document.

If NO RESPONSE is to be submitted, detach this sheet from the solicitation, complete the information requested on reverse, fold, affix postage, and mail. NO ENVELOPE IS NECESSARY.

Replies must set forth full, accurate, and complete information as required by this solicitation *(including attachments)*. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

3. ISSUING OFFICE <i>(Complete mailing address, including Zip Code)</i>																								
4. ITEMS TO BE PURCHASED <i>(Brief description)</i>																								
5. PROCUREMENT INFORMATION <i>(X and complete as applicable)</i>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td colspan="5">a. THIS PROCUREMENT IS UNRESTRICTED</td> </tr> <tr> <td></td> <td colspan="5">b. THIS PROCUREMENT IS A _____ % SET-ASIDE FOR ONE OF THE FOLLOWING <i>(X one)</i>. <i>(See Section I of the Table of Contents in this solicitation for details of the set-aside.)</i></td> </tr> <tr> <td style="background-color: #cccccc;"></td> <td style="width: 20%;"></td> <td style="width: 20%;">(1) Small Business</td> <td style="width: 20%;"></td> <td style="width: 20%;">(2) Labor Surplus Area Concerns</td> <td style="width: 20%;"></td> <td style="width: 20%;">(3) Combined Small Business/Labor Area Concerns</td> </tr> </table>							a. THIS PROCUREMENT IS UNRESTRICTED						b. THIS PROCUREMENT IS A _____ % SET-ASIDE FOR ONE OF THE FOLLOWING <i>(X one)</i> . <i>(See Section I of the Table of Contents in this solicitation for details of the set-aside.)</i>							(1) Small Business		(2) Labor Surplus Area Concerns		(3) Combined Small Business/Labor Area Concerns
	a. THIS PROCUREMENT IS UNRESTRICTED																							
	b. THIS PROCUREMENT IS A _____ % SET-ASIDE FOR ONE OF THE FOLLOWING <i>(X one)</i> . <i>(See Section I of the Table of Contents in this solicitation for details of the set-aside.)</i>																							
		(1) Small Business		(2) Labor Surplus Area Concerns		(3) Combined Small Business/Labor Area Concerns																		
6. ADDITIONAL INFORMATION																								
7. POINT OF CONTACT FOR INFORMATION																								
a. NAME <i>(Last, First, Middle Initial)</i>			b. ADDRESS <i>(Include Zip Code)</i>																					
c. TELEPHONE NUMBER <i>(Include Area Code and Extension) (NO COLLECT CALLS)</i>																								

8. REASONS FOR NO RESPONSE (X all that apply)			
<input type="checkbox"/>	a. CANNOT COMPLY WITH SPECIFICATIONS		<input type="checkbox"/> b. CANNOT MEET DELIVERY REQUIREMENT
<input type="checkbox"/>	c. UNABLE TO IDENTIFY THE ITEM(S)		<input type="checkbox"/> d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED
<input type="checkbox"/>	e. OTHER (Specify)		
9. MAILING LIST INFORMATION (X one)			
<input type="checkbox"/>	YES	<input type="checkbox"/> NO	WE DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF TIME(S) INVOLVED.
10. RESPONDING FIRM			
a. COMPANY NAME		b. ADDRESS (Include Zip Code)	
c. ACTION OFFICER			
(1) Typed or Printed Name (Last, First, Middle Initial)		(2) Title	(3) Signature
			(4) Date Signed (YYMMDD)

DD FORM 1707 REVERSE, MAR 90

FOLD

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FROM

AFFIX
STAMP
HERE

SOLICITATION NUMBER	
DATE (YYMMDD)	LOCAL TIME

TO